PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Applications to 7 107 bei

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
<u> </u>			(Column 1)	<u> </u>	(6	Column 2)	7			1		
U.S. NATIONAL STAGE FEES			•				1	RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = 1	LARGE ENT. = \$ 300			BASIC FEE	·	OR	BASIC FEE	300	
EXA	MINATION FE	E	Satisfies PCT Articl (4) = \$50/\$	All other situations = \$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	200		
SEARCH FEE			U.S. is ISA = \$ 50 ALL other countri \$ 200 / \$ 400		ner situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =			X \$ 250 =	
тот	AL CHARGEA	BLE CLAIMS	// minus				X \$ 25 =		OR	X \$ 50 =		
IND	PENDENT CL	AIMS	mine	•			X \$ 100 =		OR	X'\$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT				+ \$ 180 =		OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	<u> 400</u>
. CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3						(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A	4/18/5	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID I	BER USLY,	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 11	Minus **	· 2	9			X \$ 25 =		OR	X \$ 50 =	
	Independent	. (Minus "	7		=	1	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
тв	•	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMENT	Total	•	Minus **	•	٠٠,	=		X \$ 25 =		OR	X \$ 50 =	
AMEND	Independent	•	Minus	••		=		X \$ 100 =		OR	X \$ 200 =	·
`	FIRST PRES	ENTATION OF N	IULTIPLE DEPEN	DENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =	
			e entry in column 2, w					TOTAL ADDIT. FEE		OR	FEE	
**	If the "Highest No	umber Previously Pai	Id For IN THIS SPAC Id For IN THIS SPAC	E is less	than '3',	enter "3".	a le e		s la aut			
	The "Highest Nu	mber Previously Paid	For (Total or Indepo	endeni) is	the higi	nest number toun	u in t	ne appropriate box	k et codimn 1.			